



RHODE ISLAND DEPARTMENT OF HEALTH PEDIATRIC AND ADULT STATE-SUPPLIED VACCINES

PEDIATRIC VACCINES ¹					
VACCINE TYPE	BRAND & MFR CODE ⁴	VACCINE POLICY GUIDELINES ^{2,3}	CPT CODE	CVX CODE	THIMEROSAL CONTENT ⁵
DTaP-HepB-IPV Combination Vaccine	Pediarix SKB	Routine: primary series at 2, 4, & 6 months	90723	110	Free
DTaP	Infanrix SKB	Routine: 4th dose at 15-18 months	90700	20	Free
DTaP-IPV Combination Vaccine	Kinrix SKB	Routine: 5th dose of DTaP & 4th dose IPV at 4-6 years	90696	130	Free
Hepatitis A	Havrix SKB	Routine: Give 2 doses 6 months apart to children 12-23 months & high-risk 2-18 yrs; Permissive: 2-18 years of age	90633	83	Free
Hepatitis B	Engerix B SKB	Routine: birth dose; catch-up vaccination through 18 years of age	90744	08	Free
Hib Haemophilus flu type B	PedvaxHIB MSD	Routine: 3 doses at 2, 4, & 12-15 months	90647	49	Free
HPV4 Human Papillomavirus	Gardasil MSD	<i>Females and Males-</i> Routine: 11-12 years-3 doses at 0, 1-2, 6 mos.; catch-up vaccination through 18 yrs	90649	62	Free
MCV4 Meningococcal conjugate	Menactra PMC	Routine: 1 dose at 11-12 yrs; booster dose at 16 yrs; high-risk children 9 months -10 years	90734	114	Free
MMR Measles-mumps-rubella	MMRII MSD	Routine: 2 doses at 12-15 months and 4-6 years	90707	03	Free
PCV13 Pneumococcal -conjugate	Prevnar PFR	Routine: 4 doses at 2, 4, 6, 12-15 mos; single supplemental (5 th) dose for kids 14-59 mos. if all previous doses were PCV7; high-risk 60-71 mos	90670	133	Free
RV Rotavirus	Rotarix SKB	Routine: 2 doses at 2 & 4 months	90681	119	Free
Tdap Tetanus-diphtheria-pertussis	Boostrix SKB	Routine: 1 dose at 11-12 years; catch-up through 18 yrs; children 7-10 years not fully vaccinated against pertussis	90715	115	Free
Varicella (Chickenpox)	Varivax MSD	Routine: 2 doses at 12-15 mos & 4-6 yrs; Catch-up 2 nd dose through 18 years	90716	21	Free
PEDIATRIC VACCINES USED IN SPECIAL CIRCUMSTANCES:					
DT (Diphtheria-tetanus)	DT PMC	Use for children < 7 years with contraindication to pertussis vaccine	90702	28	Trace < 0.00012%
Td (Tetanus-diphtheria)	Decavac PMC	Use for children 7-18 years who need to complete a tetanus-containing series after a dose of Tdap	90714	113	Trace < 0.00012%
IPV (Polio)	IPOL PMC	Use for children for catch-up vaccination	90713	10	Free
PPV23 (Pneumo-polysaccharide)	Pneumovax MSD	Use for children 2-18 years at high risk for pneumococcal disease	90732	33	Free
¹ Pediatric vaccine is provided to Rhode Island healthcare providers for children (up to 19 years of age) ² Routine vaccine recommendations: Vaccine should be provided as standard of care to all children up to 19 years of age. ³ Permissive vaccine recommendations: give if parent requests; or provider may proactively offer the vaccine during office visits. ⁴ Manufacturer Code Names: Glaxo Smith Kline=SKB; Merck=MSD; Pfizer/Wyeth=PFR; Sanofi=PMC ⁵ Source: Food and Drug Administration, Table 3: Thimerosal/Expanded List of Vaccines: www.fda.gov/cber/vaccine/thimerosal.htm					

ADULT STATE-SUPPLIED VACCINES ¹

VACCINE TYPE	BRAND & MFR CODE ²	VACCINE POLICY GUIDELINES	CPT CODE	CVX CODE	THIMEROSAL CONTENT ³
PPSV23 (Pneumo-polysaccharide) *Reimburse state \$22.86 for non eligible patient	Pneumovax MSD	Routine: 1 dose for unvaccinated adults ≥ 65 yrs High-risk: 1 dose for adults 19-64 yrs who have chronic illness (includes asthma), and /or smoke cigarettes. <i>Note: Some people need a second dose of PPSV23. Go to: http://www.immunize.org/catg.d/p2015.pdf</i>	90732	33	Free
Tdap Tetanus-diphtheria-pertussis *Reimburse state \$23.72 for non eligible patient	Adacel PMC	A one-time dose of Tdap is recommended for all adults 19 and older (regardless of interval), <u>who have not received Tdap previously</u> followed by a Td booster every 10 years. <i>Medicare Part D does not pay into the state supplied vaccine program (SSV) for Tdap. Patients may receive SSV Tdap provided the state is reimbursed the cost of the vaccine (\$23.72) using the process outlined below.</i>	90715	115	Free

¹ Adult state-supplied vaccine is available to RI providers at no cost for: 1.) RI residents 19 years of age and older regardless of insurance status; 2.) out of state residents who receive health insurance through a RI employer. Providers who administer state vaccine to non RI residents who do not have insurance through a RI employer must reimburse the state vaccine program for the cost of the vaccine. Follow instructions on the *Monthly State-Vaccine Tracking and Reimbursement Form* online at:

<http://health.ri.gov/vaccinereimbursement>

²Manufacturer Code Names: Glaxo Smith Kline=SKB; Merck=MSD; Pfizer/Wyeth=PFR; Sanofi=PMC; MedImmune=MED; Novartis=NOV; CSL/Merck=CSL/MSD

³Source: Food and Drug Administration, Table 3: Thimerosal/Expanded List of Vaccines: www.fda.gov/cber/vaccine/thimerosal.htm

2012-2013 RHODE ISLAND STATE-SUPPLIED INFLUENZA VACCINE FOR CHILDREN AND ADULTS*

CHILDREN:								
BRAND & MFR CODE	LICENSED FOR :	USE FOR:	PRESENTATION	DOSE	CPT CODE	CVX CODE	LATEX	THIMEROSAL CONCENTRATION
Fluzone PMC	6-35 mo	Children < 3 yrs	Pre-filled syringe	0.25 mL	90655	140	Yes (In cap)	Free
Fluzone PMC	>3 yrs	Children 3-18 Yrs	Pre-filled syringe	0.5 mL	90656	140	Yes (In cap)	Free
Fluarix SKB	>3 yrs	Children 3-18 Yrs	Pre-filled syringe	0.5 mL	90656	140	Yes (In cap)	Free
Flumist MED	2-49 yrs	Children 2-18 Yrs	0.2 mL sprayer (divided dose)	0.2 mL (Divided dose)	90660	111	No	Free
ADULTS:								
Afluria CSL/MSD	≥ 5 yrs	Adults ≥19	Pre-filled syringe	0.5 mL	90656	140	No	Free
Flu Laval SKB	>18 yrs	Adults ≥19	Multi-Dose Vial	0.5 mL	90658	141	No	0.01% (25 µg/0.5 mL dose)
FluVirin NOV	> 4 yrs	Adults ≥19	Pre-filled syringe	0.5 mL	90658	141	Yes (In cap)	Trace (<1µg Hg/0.5mL dose)

* Adult state-supplied flu vaccine is available to RI providers at no cost for:

- RI residents 19 years and older regardless of insurance status, and
- Out of state residents who receive health insurance through a RI employer

NOTE: Providers who administer state vaccine to adults who are not RI residents or who do not have insurance through a RI employer must reimburse the state vaccine program for the current cost of the vaccine, and report these doses in the designated field on the web based influenza reporting page. Providers will be invoiced by the Department for reimbursable doses at the end of flu season.

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